



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 5486-99
22 February 2000



Dear [REDACTED]

This is in reference to your request for further consideration application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 18 February 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by a designee of the Specialty Advisor for Psychiatry dated 26 May 1994, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. The fact that the Department of Veterans Affairs awarded you service connection for an anxiety disorder effective 11 September 1990, based on what it describes as plausible claim of exposure to severe trauma in 1964, was not considered probative of your contention that you were unfit for duty because of an anxiety disorder at the time of your discharge from the Navy in 1966. In the absence of evidence which demonstrates that you were unfit for duty at that time, there is no basis for granting your request for disability retirement or separation. The Board noted that you did not qualify for an honorable discharge because your behavior mark average was below 3.0, which is the minimum required for an honorable discharge.

In view of the foregoing, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

MEMORANDUM

Date: 26 MAY 1994

From: [REDACTED]

To: Chairman, Board for Correction of Naval Records

Via: [REDACTED]

Specialty Advisor for Psychiatry

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF FORMER [REDACTED]

Ref: (a) Title 10 USC 1552

Encl: (1) BCNR File
(2) Service Record
(3) Medical Records
(4) VA Record

1. Per your request, and in accordance with reference (a), I have reviewed enclosures (1) through (4).

2. Review of BCNR File reveals a request dated 29 AUG 91 for a change of discharge from honorable (unsuitable due to passive-aggressive reaction) to medical discharge secondary to post-traumatic stress disorder (PTSD). With this change [REDACTED] requests medical disability pay equal to 50% of base salary retroactive to date of discharge from military service, 05 DEC 66. VA medical notes from [REDACTED] and [REDACTED], social worker, are included for support.

3. Review of service record reveals enlistment on 15 MAR 62. Prior service included serving from 30 JAN 61 to 14 MAR 62 in the Alabama National Guard at the rate of E-2. He commenced a continuous tour of sea duty 05 JUL 62. He received NJP of extra duty for 25 days on 14 OCT 63 for violation of Article 86 of the UCMJ. He was UA from 0001-0635 on 03 OCT 63. He participated in direct support of US operations in landing support elements in Chu Lai, Republic of Vietnam during the period 7-10 MAY and 18-19 MAY 1965. Former [REDACTED] reenlisted on 16 DEC 65. He received the Armed Forces Expeditionary Medal with bronze star (Cuba 1962, Vietnam 1964-65), the National Defence Service Medal, the Republic of Vietnam Meritorious Unit Citation, and the Republic of Vietnam Campaign Medal. He was advanced to CS3 effective 16 MAY 65. Ex-[REDACTED] was UA from 15 SEPT 66 to 07 OCT 66, during which time he missed ship's movement. This mark was removed to process him for discharge by reason of unsuitability. Evaluations prior to first hospitalization ranged from 3.0 to 3.4 with an overall average of 3.175. After hospitalization, the evals from the USS Bexar ranged from 2.6 to 3.8. Final trait average for the first enlistment was 3.38. Evals from USNS Mayport ranged from 2.8 to 3.2 with a final overall trait average of 2.95. He acknowledged being informed of the recommendation for discharge due to unsuitability in writing on 17 OCT 66, and did not desire to make a statement. He was not

recommended for reenlistment on 05 DEC 66, and was discharged as unsuitable for military service.

4. Review of medical record reveals initial normal physical exam on 15 MAR 62. The patient presented with complaints of anxiety on 19 MAR 66 in Rota treated with librium, response unknown. He was seen in sick call on 23 APR 63 for headache and nervousness treated with fiorinal. On 20 MAY 63 he again complained of headache which was felt to be a manifestation of a chronic anxiety reaction, and was again treated with fiorinal. On 31 OCT 64, he complained of vomiting and problems with urination. It was felt his " mental state was of questionable stability-probably due to his severe symptomatology." Reenlistment physical exam on 02 DEC 65 was normal. On 07 MAY 66, [REDACTED] was seen for G.I. symptoms related to drinking alcohol, and was treated with demerol, donnigel, and atropine. He was again seen with the same complaints on 09 MAY 66, was felt to have an anxiety reaction and depression, was treated with seconal, and referred to Dr. Marshall. Former CS3 Hogan underwent a psychiatric evaluation during hospitalization in Rota, Spain from 12 MAY 66 to 15 MAY 66. Symptoms included gastrointestinal complaints without any identifiable organic etiology, anxiety, difficulty sleeping, poor work concentration, depression, vomiting, anorexia, and apparently increased drinking. He complained that this was due to missing his wife and child, and not being able to adjust to [REDACTED] OR, MC diagnosed him with:

Anxiety Reaction, Situational

Psychophysiologic G.I. Reaction

He was transferred to USAF Hospital, Weisbaden, Germany for medevac to USNH Oakland where he was hospitalized from 14 APR 64 to 23 APR 64. On 26 MAY 66 former [REDACTED] was released to full duty and ordered to return to Rota. Psychiatric consultation by [REDACTED]. [REDACTED] on 05 JUL 66 at USNH Charleston was done when enroute to Spain, he felt his symptoms would return in that setting. He was felt to be immature and passive-dependent. He was diagnosed with acute situational reaction with alcoholism. It was recommended that his orders to Spain be cancelled, and he not receive any overseas assignments. He was seen on the USS Shangri-La for complaints of anxiety on 17 AUG 66 and diagnosed with anxiety reaction, treated with Librium, and again on 29 AUG 66 diagnosed by [REDACTED] with Anxiety Reaction and Adult Situational Reaction, with referral to USNH Jacksonville for admission and treatment. Evaluation by [REDACTED], Chief of Psychiatry, on 29 AUG 66 revealed excessive hostility, threats of violence, feeling disgruntled, and excessive drinking. A diagnosis of passive-aggressive reaction and recommendation for administrative discharge due to unsuitability was made. It was felt that hospitalization, treatment, or rehabilitation would be unhelpful. On 13 OCT 66 his condition was felt to be unchanged over 6 weeks, and he was again recommended for administrative discharge by [REDACTED]. Discharge physical exam on 09 NOV 66 noted abnormal psychiatric exam described as passive aggressive episode.

5. Review of VA Records reveals a report of disability evaluation from 30 JAN 75 with a rating decision on 13 FEB 75 of 60% disabled due to amputation, right leg, above the knee. "No other disabilities were found." Specifically, no neurological deficit was found. The patient requested a neuropsychiatric evaluation for increased disability that was done on 22 MAY 84. He was diagnosed with Generalized Anxiety Disorder, but industrial and social impairment were "none." He felt his tremor was neurological in origin as neurological examination from 30 APR 84 diagnosed him with essential tremor. He reported a different story pertaining to his anxiety about Vietnam related to the possible spraying of Agent Orange along a river. He was treated in the VA clinic. Disability rating from 09 OCT 84 noted:

60% right leg amputation

30% essential tremor

10% generalized anxiety disorder with passive-aggressive personality

80% combined NSC

On 03 JUL 90, the patient was seen for complaints of disturbing memories from Vietnam involving being shot at while off-leading supplies, but not having a weapon for protection. He was diagnosed with PTSD by [REDACTED], social work associate, and was referred to physician's clinic and the Vietnam support group. G.G. Ochoa, M.D. agreed with the diagnosis of PTSD on 10 JUL 90. Disability rating from 05 FEB 91 denied service connection for PTSD as no confirmatory evidence of involvement in combat operations is in the record. Medication treatment has included Xanax, clonazepam, Pamelor, and Zantac.

6. Former [REDACTED] has been diagnosed with a number of different anxiety disorders, both on Axis I and on Axis II (personality disorder) from 1966 (pre-DSM) to the present. However, there is no evidence of continuity of symptoms or treatment for a nervous condition from the time of discharge from military service until 1984. The thoughts associated with anxiety reported by [REDACTED] have been inconsistent, changing through the years. There is no supporting documentation of the events described in more recent years. Early complaints of anxiety involved geographic separation from his family, not incidents in Vietnam. His active duty behavior and evals support the unsuitability discharge (related to what would now be diagnosed as a personality disorder). The tremor, initially felt to be related to anxiety, has been diagnosed as an essential tremor and this was neurologically rated. Therefore, I recommend that former [REDACTED]'s request for change of the character of the discharge to "medical" be denied.

Very respectfully,

[REDACTED]